

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

State File No. 213-A, Gila Co.

## ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

### SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami County Gila No. Live Oak Hill St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>	<input checked="" type="checkbox"/>		<u>4th</u>
DATE OF BIRTH* <u>Mar</u> <u>31</u> <u>1930</u> (Month) (Day) (Year)			
FULL NAME	FATHER		
<u>John Edward Shurtz</u>			
FULL MAIDEN NAME	MOTHER		
<u>Emily Precilla Allen</u>			

I HEREBY CERTIFY that the child described herein has been named

Glen Mac Shurtz  
(Give name in full) (Surname)

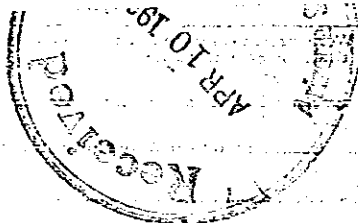
Mrs J E Shurtz  
(Parent's Signature)

Byril M. Brown MD  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

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